

# EVALUATION OF THE UN JOINT PROGRAMME ON HIV BRAZIL 2017–2021



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Cover photo: In June 2019, more than 3 million people took to the streets of São Paulo, Brazil, to celebrate lesbian, gay, bisexual, transgender and intersex (LGBTI) pride. Photo credit: APOGLBTSP

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## Acknowledgements

This is the final report of an independent evaluation of the UN Joint Programme on HIV in Brazil assessing the role and contribution of UNAIDS Secretariat and Cosponsors to the AIDS response in the context of the 2017-2021 UN Development Assistance Framework in Brazil. The evaluation was designed to document and analyse achievements, challenges and lessons learned by the Joint Programme in supporting efforts to end AIDS as a public health threat in Brazil by 2030. As for other similar evaluations, it was guided by three overarching questions: *Is the Joint Programme on HIV in Brazil doing the right things? In the right way and? Achieving the right results?*

The evaluation was commissioned and quality assured by the UNAIDS Evaluation Office and carried out by two independent consultants, Melissa Andrade Costa and Paula Vita Decotelli. The evaluation was conducted during the COVID-19 pandemic, which posed significant challenges and limited stakeholder engagement, and we are grateful to the UNAIDS Country Office and Cosponsors as well as government and civil society partners who shared information and insights with the evaluation team. The findings, conclusions and recommendations of the evaluation were discussed with the Joint Team in Brazil and are expected to be useful in developing and implementing joint plans to maximize the contribution of the Joint Programme to the AIDS response and beyond as part a new UN Sustainable Development Cooperation Framework in Brazil.

## List of acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CSO	Civil Society Organization
DAC	Development Assistance Committee
EID	Early Infant Diagnosis
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IATT	Interagency Task Teams
MSM	Men who have Sex with Men
MTCT	Mother-to-Child Transmission
OECD	Organization for Economic Cooperation and Development
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-Exposure Prophylaxis
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
TB	Tuberculosis
TR	Terms of Reference
UBRAF	Unified Budget, Results and Accountability Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UHS	Unified Health System
UNSDG	United Nations Sustainable Development Cooperation Framework
USP	University of São Paulo

## UN Organizations part of the UN Joint Programme in Brazil

ILO	International Labour Organization
IOM	International Organization for Migration
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO/PAHO	World Health Organization/Pan American Health Organization

# Executive Summary

## Overview

The Independent Evaluation of the UN Joint Programme (UNJP) on HIV in Brazil assessed the role and contribution of UNAIDS Secretariat and Cosponsors (the UN Joint Team on AIDS) in the context of the 2017-2021 UNDAF in Brazil. The evaluation was designed to document and analyse achievements, challenges and lessons learned by the Joint Programme in supporting the country to end AIDS as a public health threat by 2030.

It provides actionable recommendations for the UN Joint Team in the Country and aims to contribute to the design of future programmes and activities. The present evaluation also shares relevant information for the Government, Civil Society Organizations and partners working towards a better national HIV and AIDS response.

## Evaluation Approach

The evaluation was guided by three overarching questions: *Is the Joint Programme on HIV in Brazil doing the right things? In the right ways? Achieving the right results in the UNDAF?* The OECD/DAC criteria of Relevance, Coherence, Efficiency, Effectiveness, Impact and Sustainability were used as reference while the dimensions of equity, human rights and gender were considered across the whole evaluation process. A Theory of Change was reconstructed and used as a basis of analysis. The methodological approach was qualitative and used triangulation of different sources and an extensive review of documents, semi structured interviews and focus groups discussions with key stakeholders.

## Findings and Conclusions

- The UNJP is aligned with the national government's needs and priorities and those of civil society. UNJP has adapted well to the changes in the HIV policy in the country. The well-established dialogue with the national government has helped to continue channelling resources to Civil Society Organizations working with key populations. However, there are concerns about duplication of efforts, alignment of priorities between some of the Cosponsors and government priorities, joining efforts where the epidemic is most severe (in the South) and linking HIV with broader programmes and strategies in health and social protection.
- The UNJP was able to adapt promptly to COVID-19. The UNAIDS Secretariat provided relevant information to the national AIDS department and the UNJP promoted distribution of hygiene kits, food and delivery of ARV treatment and other medicines to populations in need. The UNJP has been responsive to the needs of key populations. Most of the resources of the UNJP are directed to actions involving target groups in which HIV infection rates are highest.
- The UNJP is being able to deliver timely but with operational challenges in terms of shortage of human resources for HIV, changes on focal points, delays in receiving funds from country envelope, lack of integration and teamwork among Cosponsor agencies and lack of information sharing. The Secretariat is taking the role of implementing activities of the country portfolio, in order to guarantee their accomplishment.
- The UNJP implements relevant initiatives throughout the country especially with key populations. However, the lack of proper documentation and monitoring and reporting on implementation and results can hamper the mobilisation of human and financial resources and ultimately affect the contribution of the UN in Brazil's HIV response.
- The UNJP is innovative in fighting stigma and promoting combination prevention activities. The latter are small if compared with dimensions of the country, nevertheless, they have an important advocacy role, especially for some population groups, and help give visibility to HIV and the prevention agenda.
- The UNJP has produced various policy documents and studies, but in some cases, there is limited evidence of their use. The most relevant research identified was the Stigma Index study, which helped foster debate and engage stakeholders in the country.
- UNAIDS has helped to promote the 90–90–90 targets and increase political support to policies on HIV/AIDS through the Fast-Track Cities Initiative. This work has naturally faded overtime, but still shows the importance of continued political awareness and exchange of experiences among municipalities in the country. More political support is needed to help increase visibility for HIV/AIDS and generate integration of HIV in the broader development agenda.

- Capacity has been built among Civil Society Organizations and health professionals, the latter in partnership with academic institutions. UNAIDS is playing an important role in increasing information and training on HIV/AIDS issues. However, there are still many challenges in the capacity of Civil Society Organizations and informal collectives which have little capacity to sustain activities over time. There are also challenges for the government in sustaining HIV initiatives overtime due to staff turnover.

## Recommendations

- Advocate to include HIV related work in larger UN programmes which address broader, structural development challenges in the country, promoting necessary HIV intersection across UNCT.
- Sustain advocacy on the 95-95-95 targets through a network of municipalities working on HIV.
- Strengthen and expand partnerships with Academic Institutions and Schools of Public Health in critical areas of the pandemic. Make way to increase effective use of knowledge products from all Cosponsors.
- Foster innovative initiatives to increase testing, prevention and ARV treatment for key populations.
- Make HIV diagnosis and other HIV work visible in the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V).
- Increase and promote integration and cohesion among UN agencies of the Joint Programme.
- Create synergies in joint operations with different partners.
- Connect Civil Society Organizations and all spheres of government in common themes of interest and most of all in relation to key populations



# 1. Evaluation Background

Brazil is the biggest country in Latin America and the Caribbean region (LAC) and the one with the highest number of people living with HIV in the region (1,011,617 in 2020, BRASIL, 2020a). In the last decade the country saw a decrease and stabilization of new cases, with 17,8 per 100 thousand people in 2020 (BRASIL, 2020a).

As one of the 30 countries that combined are responsible for almost 90% of all new HIV cases in the world, Brazil is one of UNAIDS Fast Track countries to accelerate the delivery of high impact HIV prevention and treatment services with zero discrimination and human rights promotion (UNAIDS, 2015). With regard to the UNAIDS 90–90–90 targets, by the end of 2020, 89% of People Living with HIV (PLHIV) in Brazil were aware of their status, 77% of them were receiving ARV treatment and 94% of the ones in treatment had suppressed viral load (BRASIL, 2020b, MoH, 2019).

Although data show a decrease in the number of cases (BRASIL, 2020ba), Brazil has a concentrated epidemic, in which certain population groups have HIV prevalence rates disproportionately higher than the ones seen in the total population (estimated at 0,4%) (PEREIRA ET AL 2019). The key populations in Brazil with the respective HIV prevalence rates are (in percentage rates): transgender (31,2), men who have sex with men (18,4), female sex workers (5,3), people deprived of liberty (9,0) and drug and alcohol users (5,9) (MOH Presentation, 2018, BRASIL, 2014; SGARBI, 2015). The country also identifies as priority populations: indigenous peoples, people living in the streets, youth, and black population. These citizens, many of them which are part of two or more key and priority groups, face higher obstacles (economic, social, cultural, historical, geographical) to access health services and programmes either for HIV prevention or treatment (BRASIL, 2018). Data gathered from some of these specific groups indicate that one in every five new cases of HIV in Brazil in 2017 were among young men aged between 15 to 24 years, and within this group, HIV detection rate rose in the last decade from 15,6 to 36,2 (UNAIDS, 2018).

Dealing with inequalities is the biggest challenge to close the gaps that prevent progress towards ending AIDS around the world as well as in Brazil (UNAIDS, 2021). This means addressing issues differently across groups and regions according to the context, which leads to putting more emphasis on assisting those with greater needs. Even though a variety of protective laws are present in the country, they are not necessarily implemented (UNAIDS, 2019). There is also geographical inequality, as some states (Amazonas, Rio Grande do Sul and Santa Catarina, for example) show higher number of new cases (BRASIL 2020c).

Regarding pregnant women, there was an increase of 21.7% of HIV prevalence among them during the last decade (2009-2019). This data needs to be further investigated; however, the Ministry of Health (MoH) informs this might be caused by higher coverage of prenatal diagnosis and improvement in Mother to Child Transmission (MTCT) surveillance. In 2019, 8,312 pregnant women were diagnosed HIV positive in the country (BRASIL 2020a). On the other hand, there are significant improvements, such as in Sao Paulo, for example, the largest city in the country, which received a recognition for the elimination of vertical HIV transmission in 2019 (UNAIDS 2020).

Pre-exposure prophylaxis (PrEP) is one of the prevention strategies offered since 2017 for key populations in Brazil, as part of combination prevention services provided by the Unified Health System (UHS) of the country. Almost 23,000 individuals are currently enrolled in the programme across the country and 78% of them taking all medication on the scheduled follow-up appointment, according to the AIDS National Programme surveillance information website (BRASIL 2021a). Other common prevention strategies include, post-exposure Prophylaxis (PEP), pre-natal testing and treatment for HIV positive pregnant women, harm reduction services, testing and treatment of other Sexually Transmitted Infections (STIs) and hepatitis, provision of condoms, and treatment. Since 2013, all people living with HIV are encouraged to begin Antiretroviral Therapy (ART) regardless of their immunological condition or infection stage (BRASIL, 2018).

A special characteristic of the AIDS response in Brazil is the strong involvement of Civil Society Organizations at different levels in activities over the years (DECOTELLI 2011). Currently, the challenge has been building paths to key and priority populations to transcend inequalities and access sound prevention and treatment programmes. In order to tackle this, interventions such as rapid oral fluid testing have been offered in Brazil with meaningful involvement and advocacy by Civil Society Organizations focusing on key and priority populations (BRASIL, 2020a).

The COVID-19 pandemic has highlighted existing inequalities throughout the world and the Brazilian AIDS epidemic has experienced the same (UNAIDS 2021). In April 2020, the country saw PrEP dispensing fall by 53% and 29%, fewer people started treatment on that month compared to the same month a year before (PASCOS 2021). In Brazil, there is also a particular concern and efforts to prevent PLHIV becoming infected by tuberculosis. In 2018, about 79% of the people infected with tuberculosis were tested for HIV (National Health Plan, 2020-2023).

The main challenges for the AIDS response in Brazil are related to equity and the support for key populations, which are central to the new UNAIDS Strategy for the period 2021-2026. While the infection rates have decreased overtime for the population overall, testing is widely available and treatment and prevention strategies are well known through communication campaigns and awareness raising programmes, the access of key populations to services is far behind the overall national averages.

The UN Joint Programme on HIV in Brazil promotes cohesion and efficiency of the UN's contribution in the national HIV response through joint planning, implementation, monitoring, information sharing and reporting. In Brazil, the UN agencies which are most engaged in the Joint Programme on HIV are: UNESCO, UNFPA, UNDP, UNICEF, WHO/PAHO, and ILO. The work of the UNJP encompasses various areas and initiatives. Through the desk review, the evaluation team identified the following key areas of work for the Joint Programme (which are reflected in the Theory of Change):

- **Advocacy and policy support:** this includes engagement with the global Fast Track Cities initiative, support to migrant communities, especially from Venezuela, policy advocacy for multi-month dispensing of ART, engagement with the global LEAP Initiative, monitoring progress against the 90–90–90 targets, support to the development of the national strategy on MTCT, assistance to help develop technical guidance for psychological support to PLHIV and policies for homeless population in the country and the promotion and engagement in various nationwide HIV related events.
- **Information and communication:** this includes support to the development of various studies and publications such as Hell & Heaven, Zero Discrimination package, Stigma Index, Indigenous Women, Armed Forces, documentaries, materials on education and sexuality, guidance on treatment interruption, prevention package, support to Rio Gay Life magazine, publication on Violence against women and HIV, causes of treatment interruption and HIV/AIDS Repository in partnership with the University of São Paulo.
- **Awareness raising:** this includes various media campaigns and support to artistic events such as 'Deu Positivo e Agora?', #Desafio UNAIDS, #EseFosseConvocô, "Everything starts with respect", World AIDS Day Celebration in addition to support to the Bixa Nagô artistic event and a Movie Festival.
- **Capacity building:** this includes promoting training provided to key populations and nursing students, dissemination of the results of the Stigma Index and Zero Discrimination campaign materials, and training of youth, media and health professionals (e.g. Transdialogue in the city of Porto Alegre).
- **Prevention activities:** this includes two youth initiatives aimed at prevention which are Youth Aware and Bora Saber and also other initiatives around Combination prevention for LGBTI migrants and refugees, including PrEP.
- **Support to Civil Society:** this includes engagement with several Civil Society Organizations and providing seed funding, training for institutional strengthening and support to the promotion of events (e.g. LGBT+ National Alliance).
- **Direct support to key populations:** this includes distribution of hygiene kits in the periphery of cities such as São Paulo.
- **COVID-19 and HIV:** this includes promoting income generation activities for key populations and providing direct food support during the COVID-19 pandemic.

## 2. Scope of the Evaluation

The evaluation reviewed the work of the UN Joint Programme on HIV in Brazil from 2017 to mid-2021, the work of UNAIDS Secretariat and all the Cosponsoring UN agencies involved. The United Nations Development Assistance Framework (UNDAF) for the period 2017-2021 was concurrently under review and this evaluation has fed into the larger review of the work of the United Nations in the country and contributed to the new United Nations Sustainable Development Cooperation Framework (UNSDCF). During the data collection phase, the evaluators met with the UNDAF evaluation team and discussed common issues of interest for both evaluations.

The Joint Programme in Brazil operates based on the following guidelines and global frameworks:

At the global level:

- UNAIDS 2016–2021 Global AIDS Strategy
- UNAIDS 2021-2026 Global AIDS Strategy
- Unified Budget Result and Accountability Framework (UBRAF)

At the national level:

- United Nations Development Assistance Framework 2017-2021 (UNDAF/UNSDCF)
- National Pluriannual Plan 2016-2019 and 2020-2022—Government of Brazil (GoB)
- National Health Plan 2016-2019 and 2020-2023
- Annual Workplans of the Joint Programme for 2017, 2018, 2019, 2020 and 2021

Table 1 below shows the focus of each one these documents, with the exception of the Annual Workplans of the Joint Programme which are presented in the Theory of Change section.

Table 1. Contents of key guiding documents for the UN Joint Programme on HIV in Brazil

Global Scope	Focus
<b>UNAIDS 2016–2021 Strategy</b>	10 core commitments of the 2016 Political Declaration on Ending AIDS which includes the UNAIDS 90–90–90 Targets.
<b>Global AIDS Strategy 2021-2026</b>	<p>Focus is on reducing inequality.</p> <p><b>There are three strategic priorities:</b></p> <ol style="list-style-type: none"> <li>1: maximize equitable and equal access to HIV services and solutions;</li> <li>2: break down barriers to achieving HIV outcomes; and</li> <li>3: fully resource and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings and pandemic responses.</li> </ol> <p><b>Three Zeros are considered:</b></p> <ul style="list-style-type: none"> <li>▪ zero new HIV infections</li> <li>▪ zero AIDS-related deaths</li> <li>▪ zero HIV-related discrimination</li> </ul> <p><b>10 Result areas (summary):</b></p> <ul style="list-style-type: none"> <li>▪ Primary HIV prevention for key populations, adolescents and other priority populations;</li> <li>▪ Adolescents, youth and adults living with HIV, especially key populations know their status and are immediately offered and retained in HIV treatment;</li> <li>▪ Differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence;</li> <li>▪ Fully recognized, empowered, resourced and integrated community led HIV responses;</li> <li>▪ People living with HIV, key populations and people at risk of HIV enjoy human rights, equality and dignity, free of stigma;</li> <li>▪ Women and girls, men and boys, in all their diversity, practice and promote gender-equitable social norms and gender equality;</li> <li>▪ Young people fully empowered and resourced to set new direction for the HIV response;</li> <li>▪ Fully funded and efficient HIV response implemented to achieve the 2025 targets;</li> <li>▪ Systems for health and social protection schemes;</li> <li>▪ Fully prepared and resilient HIV responses that protect people living with, at risk of, and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks.</li> </ul>

	<p><b>Cross-cutting issues include:</b></p> <ul style="list-style-type: none"> <li>i. Leadership, country ownership and advocacy</li> <li>ii. Partnerships, multisectorality and collaboration</li> <li>iii. Data, science, research and innovation</li> <li>iv. Stigma, discrimination, human rights and gender equality</li> <li>v. Cities, urbanization and human settlements</li> </ul>
<b>National Scope</b>	<b>Focus</b>
<b>UNDAF 2017-2021</b>	<p>A goal related to HIV exists under the pillar People of the Sustainable Development Goals which reads as: ‘Strengthened social development in all territory with the end of poverty through access to quality public good and services, especially in the areas of education, health, social assistance, food and nutritional security and decent work, with equity and emphasis on gender, race, ethnic and generational equity’.</p> <p><b>Indicators related to HIV:</b></p> <p>1.7) Percentage of pregnant women with HIV who receive antiretroviral treatment to reduce vertical transmission. Baseline in 2013: 63.86% (Source: Sinasc/Sinam)</p> <p>1.8) Standardized coefficient of AIDS mortality. Baseline in 2014: 5,7 deaths for 100,000 (Source: Datusus, Sinam and SIM)</p>
<b>National Pluriannual Plan 2016-2019</b>	<p><b>There were three targets related to HIV:</b></p> <p>04H5) Increase to at least 90%, the proportion of people living with HIV/AIDS who have undetectable viral load after being in treatment for at least 6 months.</p> <p>04DQ) Make available the test of nucleic acid—Brazilian NAT for HIV/HCV/HBV for 100% of the blood donations within the Unified Health System.</p> <p>04H6) Increase to at least 80% the proportion of HIV testing for new cases of Tuberculosis.</p>
<b>National Health Plan 2016-2020</b>	<p>Same targets as the National Pluriannual Plan related to HIV.</p> <p><b>Key indicator of the National Health Plan related to HIV:</b></p> <ul style="list-style-type: none"> <li>▪ AIDS Incidence rate per 100,000 people.</li> <li>▪ Baseline from 2012: 20.20 (Source: Sinam/SVS/MS and IBGE).</li> </ul>
<b>National Pluriannual Plan 2020-2022</b>	No clear targets related to HIV have been identified.
<b>National Health Plan 2020-2023</b>	Standard coefficient of AIDS mortality. Reference (no date and source available): 4.8/100,000

Source: Evaluators’ analysis of relevant documents.

Equity was a central concern given the country context where a key challenge is reaching and assisting key and other vulnerable populations.

According to the Terms of Reference (ToR), the evaluation was to be guided by three overarching questions: 1) Is the Joint Programme on HIV in Brazil doing the right things? 2) In the right ways? 3) Achieving the right results in the UNDAF? The evaluation considered the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee’s (DAC) criteria of Relevance, Coherence, Efficiency, Effectiveness, Impact and Sustainability while the dimensions of equity, human rights and gender were considered across the whole evaluation process as it can be seen below in Table 2. Table 2 below maps key evaluation questions to relevant OECD/DAC criteria.

Table 2. Evaluation Questions and Equity Considerations for the evaluation of the UN Joint Programme on HIV in Brazil

Overarching evaluation questions	OECD/DAC criteria	Specific Evaluation Questions	Dimension of Equity, Human Rights and Gender
<b>Right things?</b>	1. Relevance and coherence	1.1. To what extent are the interventions by the Joint Programme on HIV aligned with and complementing those of a) the government and b) other development partners (including civil society)?	Is the Joint Programme taking into account in its design and interventions the key populations most affected by HIV, considering differences of economic status, gender, race, ethnicity and location?
		1.2. How responsive and strategic is the Joint Programme on HIV in supporting the national HIV response, including in the context of COVID-19?	
		1.3. To what extent has the Joint Programme on HIV ensured greater and more meaningful involvement of key and priority populations?	
<b>Right ways?</b>	2. Efficiency	2.1. How efficient has the allocation, utilisation and leveraging of the UN Joint Programme resources been in terms of processes and human resources?	Have resources been prioritized for the populations in greatest need?
		2.2. How has the Joint Programme on HIV performed in terms of implementing, monitoring and reporting joint workplans [as part of the Unified Budget, Results and Accountability Framework]?	How results have been for key populations and women?
<b>Right Results?</b>	3. Effectiveness and Impact  Results at Outcome level (see Theory of Change)	3.1. To what extent has the Joint Programme on HIV contributed to help the country better perform against the UN Global 90–90–90 targets?	And more specifically for key populations, women, indigenous people and migrants?
		3.2. To what extent has the Joint Programme on HIV contributed to increase ART treatment for pregnant women with HIV?	
		3.3. To what extent has the Joint Programme on HIV contributed to improving prevention strategies tailored to key populations and priority populations in Brazil?	
	4. Sustainability	4.1. To what extent has the Joint Programme on HIV built national and local capacities on prevention and treatment to ensure long-term results?	And more specifically for key populations and women through community led programmes?
		4.2. To what extent has the Joint Programme on HIV contributed to leveraging/sustaining political commitment for the national HIV response?	

### 3. Evaluation Methodology

The evaluation used a qualitative approach to respond to the evaluation questions (using a combination of primary and secondary qualitative data). An initial Theory of Change was used to help guide the evaluation exercise. The evaluation took place between July and October 2021. Triangulation was used to contrast different sources and bring more solid evidence for the exercise. The methodology of the evaluation included:

- **Desk review of relevant documents:** the desk review considered all key documents related to the design and management of the Joint Programme (global frameworks, national policy documents, joint plans of action, annual reports, meeting records, etc). For the full list of documents, please refer to Appendix B.
- **Remote semi-structured interviews:** a list of possible interviewees was identified to include the key stakeholders (see full list of interviewees in Annex C). Forty-three stakeholders were interviewed. They were all remote because of the ongoing COVID-19 pandemic. Purposive and snowball sampling were used in the evaluation exercise. See table below for details of the number of interviewees by category.

Due to staff changes within the Agencies during the past 5 years, the team of evaluators opted in some cases to interview also previous staff involved in the implementation of the UNJP.

There was also dialogue with two other evaluation teams leading the evaluations of UNDAF and UNICEF HIV related projects in the country.

Table 3. Number of stakeholders interviewed by type

Type of stakeholder	Number of interviewees
UNAIDS Country Office	5
UN Joint Team focal points and UNRC	15
Government of Brazil at a national level	4
State and municipal government officials	7
Civil Society Organizations and community representatives	8
Others (academia and other partners)	4
Total	43

- **Focus groups:** Focus group discussions were carried out with two different groups of beneficiaries: a) Participants from capacity building activities provided with the support of the Joint Programme and b) Civil Society Organizations and community representatives as they are key in implementing the Joint Programme. The Focus Groups took place remotely and were organized based on inputs of key stakeholders and the desk review. See details of the Focus Groups below:

Two focus groups took place with participants from two different capacity building initiatives; the Zero Discrimination Seminars for health professionals from Fast Track cities and the activities related to USP Diversidade project. This project is part of the partnership between UNAIDS Country Office and the University of São Paulo which, among other activities, prepare, instruct and builds awareness on HIV/AIDS discrimination, rights and needs of key populations related to prevention and treatment. There was a total of 8 participants.

The third focus group discussion took place with CSO representatives. All CSOs involved in activities with GT UNAIDS were invited, over 30 institutions. However, the focus group discussion was conducted with only 7 representatives from these organizations, indicating another limitation to the reality of the COVID19 scenario and perhaps pointing towards the impact the pandemic has had on these organizations.

**In total, 55 stakeholders were consulted, 43 in the interviews and 12 in FGD. Three of the key informants were also part of FGD.**

## Methods of Analysis

The evaluation combined two major methods of analysis: 1) Content Analysis: identification of key themes and contents in the desk review and interviews; 2) Descriptive Statistics: review of quantitative data in the programme documents. As for the content analysis, the identification of key themes in the interview process were highlighted and consolidated with the other interviews as recurrent patterns and contradictions were identified. In addition, the data collected helped to feed into the Theory of Change of the Joint Programme which is presented under the section on 'Doing the right things?'

## 4. Approach/Theory of Change

An initial Theory of Change was developed for the evaluation to help guide the exercise and give coherence to the different initiatives of the Joint Programme over the years. The purpose of the Theory of Change was to frame the scope of the Joint Programme which is guided by frameworks at different levels (international and national, global and sectoral) and involves several activities and stakeholders. Developing a Theory of Change helped organize the information and clarify inputs and outputs.

The Joint Programme works intensely with advocacy and policy work, through publications, seminars, training and dialogues, pushing to promote policy and behaviour change. Capturing this change is not always easy and the Programme makes assumptions of 'cause and effect', which may not always prove true (e.g. the fact that funding a publication will have an impact in awareness raising and knowledge). The data collection tools used the Theory of Change to ask questions that helped the evaluation team see whether the logic behind the activities of the Joint Programme held true and also to enable the mapping of alternative cause and effect loops (e.g. the publication funded did not raise much awareness, but helped to strengthen the organization to advocate for more resources and enhance their work). The Theory of Change helped tell the story of what happened in the implementation of the JP. See more details under the Effectiveness section.

## 5. Limitations of the evaluation

Four main limitations were identified in this evaluation: 1) Lack of inputs and engagement from UN Women and limited engagement from UNFPA and overall lack of feedback to the evaluation report of the Cosponsors; 2) Limited inputs from public organizations engaged in the UNJP beyond the Ministry of Health and the National Council for Human Rights which are directly working with the Secretariat; 3) Limited participation by stakeholders in the focus group discussions, 4) Limited supporting documentation provided by the Cosponsors and Secretariat.

Several attempts were made to reach UN Women and UNFPA, but there was no response. UNFPA is a recipient of the country envelope and its major initiative is included in the evaluation report based on publicly available information and a brief report received towards the end of the evaluation. Feedback from the Cosponsors to the Evaluation Report came through a meeting of the UNJP when the evaluation team presented the findings. Few comments were received during the design phase despite repeated invitations.

Some local governments were consulted, but the focus was on the work of the Secretariat and there was no contact with other government institutions that might have ongoing projects with other UNJP agencies.

In relation to the focus groups, more than 50 stakeholders were invited to the meetings, but only a small proportion of them took part in the discussions, and especially those who had participated in the Zero Discrimination Trainings. Nonetheless, this was compensated by individual interviews carried with key actors from the Ministry of Health, academia and the desk review. In the case of CSOs, over 30 institutions were invited and only 7 of them took part in the focus groups. This may reflect the challenges of the COVID19 pandemic and perhaps the impact it has had on these organizations. Nevertheless, various individual interviews were carried out with Civil Society Organizations that have been engaged with the UNJP.

Following the individual interviews with the Cosponsors, additional information and documents were requested in order to detail their work and strengthen the analysis. However, limited information was provided. Also, the evaluation team had only partial access to the Joint Programme Monitoring System (JPMS). As a countermeasure, the evaluation team searched public information available on the initiatives of the UNJT.

## 6. Ethics of the evaluation

The evaluation is based on the principles set by the United Nations Evaluation Group in the document 'Norms and Standards for Evaluation', which has served as a landmark document for the United Nations and beyond. The UNEG guidelines for Integrating Human Rights and Gender Equality in Evaluations were also used in the process. All the participants were briefed about the confidentiality of the information collected and their right to opt out.

## 7. Findings

This section presents findings in response to the three overarching questions of the evaluation: 'Is the Joint Programme doing the right things?', 'In the right ways?' and 'Achieving the right results?'. Under each macro evaluation question the OECD evaluation criteria were used (Relevance, Coherence, Efficiency, Effectiveness and Sustainability) with Human Rights and Gender as cross-cutting dimensions. This section also presents the indicators used to carry out the analysis as detailed in the evaluation matrix in Appendix A.

### Is the Joint Programme doing the right things?

**Finding 1:** The UNJP is well recognized by the government and the focus on key populations is aligned with the priorities of the Ministry of Health. UNJP is appreciated for its work but there are questions from civil society and academia about some UNJP hesitation to speak up when faced with sensitive issues in the recent years. There is a call from key actors to think holistically about HIV (engaging with broader issues and problems) and promoting the linkages between health and social protection.

### ➔ Relevance and Coherence

**The UNJP is well recognized by the government and the focus on key populations is aligned with the priorities of the Ministry of Health.** The work performed by the UNJP (the Secretariat and the Cosponsors) is perceived as strategically positioned to work within all spheres of society, levels of government, academia and Civil Society Organizations, as expressed by the various stakeholders interviewed. The UNJP is well recognized by the government and has adapted to remain relevant to civil society and government HIV needs. Along the years, combined efforts of the government, civil society and UN agencies have shaped the response to HIV. The UNAIDS Country Office constantly engages with CSOs and this type of work has led to the MoH channelling resources to CSOs via the Secretariat to promote Combination Prevention activities. At the municipal level, Cosponsors have been able to provide assistance to policy design and health assistance which is well aligned to local needs. In addition, there is a shared perception that the HIV response should be focused where the epidemic is more severe: key populations. One example of this alignment happened in the Zero Discrimination Project. It was after MoH suggestion that a CSO was involved to facilitate discussions concerning access to health for trans population. There is also alignment between UNJP and the work at the municipal level, especially through global UNAIDS advocacy platforms such as the 90–90–90 targets which have been taken up by various municipal governments in the country.

*"The UNJT has always been well received by the MoH. All of its actions happen in partnership with the DCCI."*

*UN Agency*

**The UNJP is appreciated for its work but there are complaints from civil society and academia about some UNJP hesitation to speak up when faced with sensitive public declarations in the recent years.** One example was in early 2020, when the president declared that PLHIV were an 'expense to all in Brazil' and no public statement was made by UNAIDS or another UN agency. Even though the work of the government on HIV has kept up with demands and needs in the period of the evaluation, there is a sense from various stakeholders that the national HIV response, especially involving key populations is being carried out with a lower profile, with less active public campaigns, not

*"Current dialogue on sexuality and gender greatly reduced. There are no more campaigns. And now we deal with HIV without ever talking about sex"*

*Member of the academia*



necessarily with fewer resources, but it is less visible than before. The same applies to issues around sensitization and education for sexual and reproductive health. Nevertheless, the UNJP has adapted to the political context of the country and has continued to address the needs of key populations in subtler ways.

**There is a call from key actors to think holistically about HIV (engaging with broader issues and problems) and promoting the linkages between health and social protection.**

The desk review showed the limited space of the HIV agenda within the current UNDAF. However, there are suggestions of how HIV should be considered in the context of larger projects and initiatives of UN agencies in the country. The greatest burden of the epidemic is among key populations who suffer not only from lack of health support, but also from low income and low levels of education and from discrimination. Even though focusing on key populations is important and addresses the epidemic needs, there has been a call

*'UNAIDS brought to us this discussion, HIV needs special attention, it has to be seen and followed with other welfare policies. It has to be a continuous support, and we learned this with the UNJT... Welfare support is crucial for the most vulnerable groups, basic food needs, for example.'*

*National Government Partner*

*'UNAIDS is close to us and might be the one able to connect us to the other agencies, so that, together we can reach more vulnerable people.'*

*Member of Civil Society Organization*

by various

stakeholders to think and plan beyond key populations, for example by addressing the needs of women more globally (e.g., effort for health promotion).

**Finding 2:** Organizations mobilizing key populations are involved in the implementation of various UNJP activities and see UNAIDS as an important source of guidance and information on HIV in the country. However, there may be a need for strengthening work where the epidemic is most severe (i.e. in the South of the country).

**Organizations mobilizing key populations are involved in the implementation of various UNJP activities.** UNAIDS close relation with CSOs is one of its strong characteristics in Brazil recognized by different stakeholders and valued by other UNJT members. Documents and interviews clearly display the importance given to organizations mobilizing key populations. During the period of the evaluation, the main activities implemented by organizations mobilizing key populations in partnership with the UNJT were:

- Prevention and testing activities such as: self-testing (by mail), testing in safe and untraditional environments;
- Capacity building for CSOs, key populations and people living with HIV to use social media as an awareness raising tool, especially in consideration of the restrictions brought about from political changes. A promising activity has been capacity building for communication on social media provided to key actors among key and priority populations;
- Training for providing the above activities through contracts with the UNJP.

**Representatives of key populations recognize the alignment of the work of the UNJT to their needs.**

One of the CSO representatives reported that there is good interaction and engagement of key populations within the UNJT and that UNAIDS listens to partners and tries to address issues and demands. A stakeholder from a CSO that has been working with HIV in the country for decades pointed out that recently there was, for the first time, a meeting to introduce organizations to what UNJT has done and that it has been a positive experience. Meanwhile, several stakeholders (from Civil Society and academia) reported that the UNJP tends to support the same organizations over many years and called on the UNJP to diversify its partners and also to think how to support organizations which are collectives and do not have formal legal status.

**Even though there is strong alignment between the government and civil society priorities with those of the UNJP, there may be a need to strengthen activities where the epidemic is most severe (i.e. in the South).** This is because of the growing number of cases in the South of the country and a need for more efforts in that region. Many UN agencies are focusing their work in the 'Acolhida Operation' (Welcoming operation) which is a joint effort to receive migrants in the North of the country. However, in the case of HIV, the epidemic is growing in every populational group in the South of the country and interviews with key stakeholders indicate that there is a need to redirect HIV efforts to that part of Brazil.

**Finding 3:** The UNJP quickly adapted to the context of the COVID-19 pandemic. UNAIDS Secretariat was able to offer timely information to the government on the difficulties of PLHIV during the pandemic and UNJP offered support for key populations when the country was going through lockdown.

**The UNJP was able to adapt to the COVID-19 context, it provided information on the situation of PLHIV in the pandemic and promoted various activities to support key populations on food security, access to ARV, hygiene kits and income generation activities.**

According to stakeholders interviewed and the desk review, the UNJP was able to adapt quickly to the COVID-19 pandemic. It developed an online survey and promoted various support activities. The online survey was useful to the Ministry of Health, and it was also important to provide multi-month dispensing of ARV. COVID-19 has also highlighted the need to consider mental health issues related to HIV, according to a focus group discussion.

Moreover, the need for linking health and social protection was identified. Another positive example of strategically responding to the COVID-19 situation was the Projeto Balaio where ARVs, food and hygiene kits were distributed (see more in the section on Right Results—Effectiveness). In addition, there was the Volunteering in the Americas Campaign for COVID-19 and HIV, which consisted of a team supported by the UNJT with 60 dedicated volunteers. The team received capacity building training regarding COVID-19, mental distress and humanitarian support and then offered psychological support (to those who requested), ARV pickup and delivery and food support to over 500 people over a 6-month period in 2020.

*‘UNAIDS work was interesting to monitor what was happening in the country regarding the COVID epidemic. There were major issues with diagnoses and treatment. Then, with the provided information we were able to work through alternatives, self-tests, funding for CSOs, multi-month ARV distribution, online health. Then UNAIDS checked again how these changes were being implemented and we could see there was no shortage of medication’.*

*GoB UNJP partner*

## Is the Joint Programme being implemented in the right ways?

**Finding 4:** The Secretariat has limited operational and technical capacity in relation to demands it receives. The same applies to other UN agencies of the JP, that have limited time to dedicate exclusively to HIV. Much is done with the limited human resources available. However, the coordination mechanisms, monitoring efforts and information exchange of the UNJP could improve. The COVID-19 pandemic made communication among UN agencies more difficult with less meetings and limited interaction.

## Efficiency

**The UNJP is able to deliver in a timely fashion despite of some operational challenges,** namely: 1) Limited human resources; 2) Complex financial architecture of the country envelope which leads to disbursement delays; 3) Difficulties in mobilizing UN agencies and promoting dialogue at the national level; 4) Limited systematic monitoring tools (see Evaluation Matrix for details on indicators used for answering this question). It has been reported that the Secretariat, despite its limited staff, helped Cosponsors implement their country envelope in some cases due to some delays in implementation process. This shows the need of increasing delivery efforts in terms of personnel and time by the UNJT and more specifically, Cosponsors. However, evidence also indicates that planned activities and external partners were not affected by the limitations of the internal dynamic within UNJT.

**Since the Secretariat is a small office,** it should perform the role of coordinator as opposed to implementer. However, the demands on advocacy at the national level; promotion of studies, seminars and training; dialogue with state and municipal governments, communication and funds disbursement for actions promoted by Civil Society Organizations and governments exceed what staff can possibly achieve, which makes staff work outside office hours. There is also a limited number of staff from other UN agencies engaged in the UNJP and little engagement of the regional level with the UNJP in the country.

**The country envelope has helped mobilize interest and engagement of UN agencies, but funds arrive late.** The transfer of funds between the UN agencies’ headquarters and Country Offices is not always smooth and the yearly cycle of transferring resources is not timely. At the beginning of the year, UN agencies take

time to forge partnerships and lay the ground for project implementation, resources usually arrive in April and must be utilized by December. There is a gap until the following year, where work needs to be repeated to remobilize partners. In addition, there is a perception from some stakeholders that **more could be done with pooled funding as opposed to spreading the country envelope on very small initiatives** (the total amount of country envelope disbursements is US\$ 400.000 per year in Brazil).

**UN agencies plan together, but do not deliver together. More could be done to build a 'team' mentality among members of the Joint Programme.** The prolonged physical distance caused by the COVID-19 pandemic, the change in various staff members of the UNJP, fewer meetings and the new context of having to adjust to the pandemic impacted the interaction of the UN agencies. UN agencies are working separately and delivering, but not functioning well together. An example of this dynamic is that in the course of the evaluation, not all UN agencies which receive country envelope resources replied to the interview request, despite several attempts made. Another example is that the two agencies implement, independently, very similar testing interventions without coordinating efforts. In the course of the interviews, there were suggestions to promote objective and shorter meetings to increase the participation of UN agencies. The importance of human interaction and face-to-face meetings needs to be acknowledged in the post-COVID context, in which work modalities are being reviewed.

**A significant portion of resources from the Secretariat and other UN agencies is being dedicated to key populations, including youth (87% in the period 2018-2021).** The epidemic in Brazil is concentrated on key populations, except in the southern region where it has a different configuration closer to a more generalized epidemic. Transgender people show a prevalence rate of 31,2% as opposed to 0,4% rate for the overall population in the country (MOH Presentation, 2018, BRASIL, 2014, PEREIRA ET AL 2019). In this context, it is efficient to focus resources where the problem is greatest. The UNJP is engaged with Civil Society Organizations who do outreach activities and promote testing in places where key populations and others in greatest need are more easily accessed.

**Finding 5:** The UNJP is focused on key populations and aligned with expectations of UNAIDS at a global level and also aligned with the government. Resources have been directed to the populations in greatest need.

**The UNJP does not have systematic monitoring tools, apart from the annual JPMS report on the country envelope which is not fully used as an effective tool for monitoring and accountability.** Planning and monitoring spreadsheets and availability of information over the years vary greatly. Monitoring takes place more often through oral reporting in meetings and calls in the course of the implementation cycle. This lack of monitoring data not only on the country envelope, but also beyond other HIV-related work of UN agencies may limit the capacity of the Secretariat to do strategic analysis and promote effectiveness or efficiency. The Secretariat follows the financial envelope implementation of other UN agencies and offers support whenever needed, but this is done on an *ad hoc* basis.

**The UNJP has targets for addressing human rights and supporting key populations but less so for supporting vulnerable women, especially in the context of Mother to Child Transmission.** The UNJP planning reference materials for 2018-2021 show a clear strategy to work with key populations and the promotion of human rights. These include support to events of key populations, production of the Stigma Index, publications and training on Zero Discrimination in Health Facilities, the Transdialogos Project in the state of Rio Grande do Sul, promotion of a safe space with psychological support for YPLHIV and key populations, assistance for key populations during the pandemic (via distribution of ARV, food and health kits) and the promotion of studies on HIV status of homeless people in the country. As for the prevention of Mother to Child Transmission, the key support given by the UNJP and lead by OPAS was to help develop a Strategy to eliminate MTCT, the publication of a certification guide for states on the elimination of MTCT, capacity building trainings for health professionals and a guide for health professionals to prevent vertical transmission. In the interviewees and FGD Civil Society Organization representatives commented on the need for increasing the focus of the UNJP on women and their needs.

**The UNJP is particularly aligned with UBRAF Result Areas 1 (Testing and treatment), 3 (Combination Prevention Services), 4 (Prevention Services for key populations) and 6 (Stigma and Discrimination).** In the case of Result Area 1, Outputs 1.1 (Innovative and targeted HIV testing and counselling programmes introduced) and 1.5 (Mechanisms developed to provide HIV-related services in humanitarian emergencies) are being addressed. In the case of Result Area 3, Output 3.1 (Targeted combination prevention programmes defined and implemented) has clear results, which will be addressed in the next section. Under Strategic Area 4, Output 4.1 (Evidence-based HIV services for key populations implemented) it had significant activities

implemented and for Result Area 6, Output 6.3 (Constituencies mobilized to eliminate HIV-related stigma and discrimination in healthcare) also had significant work which will be addressed in the next section.

## Is the Joint Programme achieving the right results?

**Finding 6:** The UNJP has contributed to combination prevention and HIV testing, especially for youth, migrants and key populations, fighting stigma and increasing commitment to global targets on HIV/AIDS. However, as the country already has a relatively strong health system, the contribution of the UNJP to high level outcome goals of HIV in the country is not evident.

## Effectiveness

**About 89% of PLHIV in Brazil know their HIV status<sup>1</sup>, about 78% of those diagnosed receive ARV treatment and 94% of those on treatment have suppressed viral load (MS, BRASIL, 2020b and MoH, 2019).** The country is close to fully achieving the 90–90–90 targets, falling somewhat behind in the percentage of PLHIV who received ARV treatment. This applies especially for the most vulnerable, where the intersection of poverty, drug abuse and stigma keeps them from getting tested for HIV, accessing and following their ARV treatment.

**The Fast Track Cities Initiative has been useful to raise political commitment around HIV/AIDS and UNAIDS played a key role in this process. However, much of the awareness created has been lost due to turnover of government staff at the municipal level. The initiative is still alive in some cities.** Forty-two Brazilian cities signed the Paris Declaration between 2015 and 2018. Thirteen alone signed it in 2018. A seminar was carried out with some of the cities in 2019. In 2021, a new agreement was signed with the Ministry of Health to channel US\$300.000 for UNAIDS Country Office to work on HIV prevention and the fight against stigma. This agreement involves 15 cities who have signed the Paris Declaration. It will be an opportunity to create a new momentum around the global commitments. While many cities have lost momentum, there are also cases in which the Paris Declaration continues to be alive. While the evaluation was taking place, a mayor in one of the cities with highest HIV prevalence suspended the transportation support given to people living with HIV. This is essential support to allow mobility of PLHIV to reach health services for medication and consultation. The following day there was an effort of the local AIDS Department as well as the National Department to remind this mayor he once signed the Paris Declaration affirming his support on the commitment to tackle AIDS. In the meantime, this same local department and CSOs used media outlets to report what was happening. The same week, the mayor decided to review his decision and kept the support. Even though UNAIDS was not directly engaged in the specific episode described, the local staff used the Paris Declaration to make their argument in support of PLHIV. Specific monitoring effort is needed in order to trace and document changes occurred due to advocacy, which is costly to do. One policy change may occur years after a seminar, a meeting or a high-level commitment takes place. Advocacy is also contextual and relies on specific networks and may be lost with government and staff changes. However, some of this advocacy impact was identified and is discussed throughout the report.

**The UNJP has played an important role in raising the debate around stigma in the country and the promotion of Zero Discrimination in health services.** This was done through the promotion of the Stigma Index by UNAIDS Country Office and UNDP, Transdialogue through UNDP in the city of Porto Alegre, the partnership between the Secretariat and the University of São Paulo (USP Diversity initiative) and training of health professionals through the Federal University of Rio Grande do Sul. The Stigma Index showed that PLHIV still suffer from stigma in the country (64,1% indicated to have suffered stigma due to living with HIV at some point). Media coverage was high, and the results of the research were debated throughout the country. The research was referenced by various partners interviewed as an important initiative promoted by UNAIDS Country Office and UNDP with the operational support of Gestos, a CSO from Recife (PE). It was led by a university professor, who involved students and member of key population groups in the process of data collection and analysis. The research involved 1.784 interviewees and was implemented in seven capital cities: Manaus (AM), Brasília (DF), Porto Alegre (RS), Salvador (BA), Recife (PE), São Paulo (SP) and Rio de Janeiro (RJ) between April and August 2019. A second Stigma Index research is currently in planning phase.

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<sup>1</sup> The same data is not available for key populations in the country.

**Transdialogue proved to be an innovative initiative to promote Zero Discrimination in Health Centres in the city of Porto Alegre, where the epidemic is generalized.** It started in 2014 but was still being implemented in 2018. According to UNDP, funded through the 2018 country envelope, more than 500 people between health professionals, cleaning personnel and security staff were sensitized about issues of discrimination against transgender people and transvestites. All the health units of the city of Porto Alegre received some type of assistance and training materials. However, following a change in the local government the programme did not continue. The initiative involved an actress who played a transgender person and filmed her way through the health centres. After this interaction and actual access to services, there was a debate between staff from the health Secretariat and health centre professionals to discuss discrimination towards key populations and possible ways of moving forward.

**UNAIDS promoted an extensive process of listening to key populations about stigma in health services within the Zero Discrimination platform and supported a course from the Federal University of Rio Grande do Sul (UFRGS) and the Federal Institute of Rio Grande do Sul (IFRGS).** These discussions took place in the cities of Brasília, Salvador, Porto Alegre, São Paulo, Manaus and Recife and involved 70 people. Following this process, a seminar was organized to debate with civil society, academia, and health professionals. This was referenced by some stakeholders interviewed and this process led to videos and leaflets which increased the dissemination of the work. UNAIDS Country Office also supported the on-line course Zero Discrimination via content support, a consultancy and publicity in partnership with academia. See more under Sustainability. This consultation process culminated in the development of a 90-hour Massive Open Online Course (MOOC) on Zero Discrimination designed for health professionals but open to general public and with the possibility of earning education credits. This was developed by IFRGS with technical and financial support from UNAIDS and inputs from the discussions mentioned.

**Alongside the Stigma Component, a partnership was promoted between UNAIDS Country Office and the University of Sao Paulo in the Diversity Programme involving courses, events, exhibitions, seminars and a repository on HIV.**

A class on HIV is being incorporated in the regular programme of the University. This initiative has involved a number of graduate and post graduate students who report acquiring skills and knowledge

from their involvement in the initiatives as informed in focus group discussions. The collaboration was initiated by the University and UNAIDS Country Office was approached to support the work. A Memorandum of Understanding was signed between both parties and the Diversity Programme is independent and well incorporated in the life of various campi throughout the state of São Paulo. See more information in the next section.

*'UNAIDS is a dear and productive partner. Ideas have been welcomed and implemented. I am open to the initiative of UNAIDS and it is all very welcome. Union makes it work. We can't do anything alone. Our institutions are strong and have public recognition and this helps a lot.'*

*UN Partner from the academia*

**Before and during the COVID-19 pandemic, the initiative Kitchen and Voice from ILO has helped key populations, especially transgender people, gain professional cooking and kitchen assistance skills.** There are also sessions on poetry, HIV and other issues. This initiative had the support of a renowned chef and partnership with the Public Labour Prosecution Office. It attracted considerable media attention and its innovative design helped make it visible. In 2020, 170 people were trained. The project has the support of UNAIDS Country Office and was increasing its budget and diversifying its funding sources as the evaluation was being carried out. The innovation came from involving a famous chef and combining vocational training with empowerment activities where those involved discussed their challenges and hopes through poetry and received additional training on issues relevant to their context, such as HIV. This initiative is HIV related but not funded by the country envelope which shows the possibility of synergies beyond the funding available.

**Finding 7:** There have been innovative initiatives, e.g., income generation activities combined with arts and awareness raising activities; and an initiative showing health professionals how discrimination plays out in real world situations.

**The UNJP has contributed to increased testing in the country through the Viva Melhor Sabendo Jovem and Bora Saber programmes.** Viva Melhor Sabendo Jovem was implemented in Recife, Salvador and Boa Vista, Belém and Rio de Janeiro and provided HIV self-tests (3.233 for the period 2020/2021 according to the programme reports), orientation, condoms for young people in hotspots of those cities, training for health professionals and for young people involved. The scale of the initiative is small when compared to the size of the country (93.380 HIV self-tests were distributed by the government from Oct 2018

to Aug 2021, MoH, 2021). However, the value added comes with the media involvement, and the support of a UN agency. One of the CSOs engaged in the work during the pandemic and another partner from academia highlighted the importance of the communication effort in the work involving the UN. The Bora Saber programme has a similar scope and is implemented by UNFPA in Porto Alegre, Belém and Boa Vista. Between 2018 and 2020, 5.000 rapid oral tests were performed in the three cities as result of the project that took place through partnerships with local NGOs. During the COVID-19 pandemic, HIV testing continued to take place in public places, with an average of nine site visits per month. The evaluation team could not include key informant interviews related to this project because of lack of involvement of implementing agency. Concerns were identified from one of the key actors consulted about lack of implementation data being available for the local and national governments. The lack of data shows the need to improve communication on the initiatives, avoiding overlapping activities and further aligning them with the overall framework of the UNJP.

**UNAIDS has advocated for multi-month dispensing during the pandemic and helped to provide ARV to key populations through the Civil Society Barong.** This has been an incentive for key populations to remain on treatment. With COVID-19 pandemic, it became more difficult to do frequent visits to health centres to receive ARV treatment. In March 2020 UNAIDS Country Office conducted an online survey which helped informing main areas distressing PLHIV during COVID-19 pandemic. With this data, it advocated for multi-month dispensing and the national health system adapted by increasing ARV packages given to patients. In addition, UNAIDS Country Office promoted dispensing of ARVs to key populations via mail and door delivery through the CSO Barong who mailed ARVs nationwide and also abroad. Barong was supported by UNAIDS Country Office and also did fundraising to help key populations suffering from COVID-19 restrictions to remain on treatment. During the pandemic, many people from key populations moved away from their health centres towards the countryside of the state of São Paulo and this assistance helped them stay on treatment. About 1.505 Food Baskets, 1.505 Hygiene kits and 1.200 Sexual health care packages were distributed during the pandemic to key populations. Barong works with outreach activities and involves youth, seeking to reach key populations where they live, work and interact, as opposed to waiting in health units. They work with mobile health clinics. A similar approach is taken by Viva Melhor Sabendo Jovem from UNICEF and UNAIDS. A CSO in the neighbouring state of Rio de Janeiro has also followed the initiative, providing delivery of ARV in city slums.

**Health promotion has been an important aspect of the work of UNAIDS. UNAIDS Secretariat and other agencies are recognized by their good communication ability.** UNAIDS Country Office was able to build a valuable partnership with the main TV channel in Brazil (Globo TV). Aspects related to HIV were discussed for a show called Under Pressure, which deals with health issues. The theme was approached in two episodes in 2017 and more recently in 2021, in which HIV infection was shown in a couple over 60 years of age.

**The HIV mortality rate in Brazil is decreasing. It decreased from 6,2 (by 100.000) in 2015 to 5 in 2019 (MS, 2021). It is an indicator that points at the progress in HIV testing and continued treatment.** Despite diversified efforts of the UNJP in enabling access to testing, prevention and treatment, direct contribution of UNJP to such results cannot be made by the present evaluation. Improvement in these indicators depend on broad and joint efforts from different institutions across the nation. However, evidence indicates UNJP and notably UNAIDS Country Office's contribution to keeping HIV on the agenda and raising awareness which encourages the government to keep up its work, especially among key populations

**About 68,2% of pregnant women with HIV are in ARV treatment in Brazil (MoH, 2020), an increase from 61% in 2018 (MoH, 2021). About 270 children under 5 were notified with HIV in 2019, a decrease from 297 in 2017 (MoH, 2019).** The UNJP through WHO/OPAS has contributed to the design of the National Strategy to eliminate Mother to Child Transmission and through UNICEF it has helped develop materials for health managers on how to prevent MTCT. The evaluation identified continuous initiatives of WHO/OPAS in the country to coordinate and strengthen local partnerships to build capacities among health providers regarding best protocols to reduce MTCT. However, the evaluation was not able to identify the follow-up actions from the strategy and the actual use of the materials developed.

**Combination Prevention is strongly promoted by the government in Brazil. In the case of the UNJP, combination prevention has been promoted by OPAS, IOM and UNESCO for Venezuelan migrants in the North of the country.** According to the UN Report on Health for the Venezuelan Migrants, in 2019, the Venezuelans represented almost 50% of all the cases diagnosed in Roraima for that year. The UNJP contributed to HIV testing, combination prevention initiatives, distribution of leaflets to increase awareness, counselling, and referring PLHIV to health posts in Boa Vista, the capital of Roraima, to access treatment.

**The UNJP has provided guidance materials and studies on various policy areas. There is evidence of their use in some cases** (policy for homeless, Stigma Index) but no reference of use for some of them (Indigenous Women, Armed Forces, Education and Sexuality, guidance on Treatment Interruption, USP Diversidade Repository, etc). The UNJP and especially UNAIDS Country Office are referenced as a source of

information and data and indeed many knowledge products have been produced. However, evidence of their use is uneven and something to be further investigated and followed up in the future.

## Sustainability

**Finding 8:** Work with key populations has continued despite a change in government, but with a lower profile. Capacity was built among activists and staff in Civil Society Organizations in the areas of advocacy and communication. Important UNJP work has been taken up by local governments (Viva Melhor Sabendo Jovem).

### **Work with key populations has continued despite a change in government, but with a lower profile.**

Even though there was a significant change in the political scenario of the federal government and many of local governments, as well as a significant reduction on campaigns in official media outlet, work with key populations has continued to take place. This has happened with the assistance of UNAIDS Country Office and UNDP and also other UN agencies, which have provided grants to CSOs across the country.

**The Stigma Index research has built capacities and information.** The Stigma Index fed discussions in various locations and shed light on the reality of the life of many key population individuals living with HIV in Brazil. The plan for the second round shows growing interest from various partners, even though there is still a challenge of getting it fully absorbed by organizations and institutions in the country, without the support of the UNJP.

### **Capacity was built among activists and staff in Civil Society Organizations in the areas of advocacy and communication.**

Evidence indicates investment of the UNJT in different capacity building strategies as shown above: 1. Zero Discriminação, 2. USP Diversidade, 3. TransDialogue, 4. Trainings with CNDH, 5. Capacity Building with Women Living with HIV and AIDS Network, 6. Capacity Building with Network of Youth living with HIV and AIDS, 7. Training for volunteers of TransAmerica Project, 8. Communication trainings and support for key populations to work in social medial advocacy efforts. Capacity building increases chances of sustaining activities as it strengthens individuals and organizations and also creates better understanding of discrimination, inequalities and human rights to allow improved access to health care.

*“I received training from the UNJT to learn how to build and manage our network website. This capacity building was very rich and allowed me to find myself in the communication field. ... The website transformed our network of CSO and people living with HIV and AIDS.”*

*CSO activist*

### **Important UNJP work has been taken up by local governments through Viva Melhor Sabendo Jovem (VMSJ).**

The VMSJ initiative has been absorbed by the city of Fortaleza without external support. The same project, previously supported by UNICEF, will now take place in Salvador through a national AIDS department grant. The project started with HIV testing in public spaces, and later began to offer delivery of HIV self-tests and the service Hello Prev-test where citizens can call and request the delivery of a test. However, there are some challenges in terms of sustainability. In the case of VMSJ, the investment in youth networks with a view of sustainability has not matured yet. Youth movements have a high turnover and tend to operate with weak structures and often with low mobilization capacity. UNICEF is currently analysing, through an external consultant, the reasons behind failure and success of sustainability of the VMSJ in seven cities of the country.

*“A great characteristic of Brazil is that the programmes and actions stay, they can be absorbed by the Unified Health System, especially with the political support within Fast Track Cities. Capacities stay. What needs to be thought constantly more carefully is civil society organizations”.*

*Civil Society Activist*

### **The Zero Discrimination University Course, which began with few health professionals and managers in key Fast Track Cities, has been expanded and absorbed by the academia, demonstrating not only the capacity built but also the long-term benefit over time with strengthened institutional capacities.**

This course is currently offered completely online (MOOC initiative) by one of the country's major universities. It has had more than 800 professionals fully trained as it expanded nationally to health providers and is expected to be made available in Angola and Mozambique. Through an extension of the course and online version, ownership is strengthened, which enhances sustainability and effectiveness. In the word of one Cosponsor representative: “UNJT followed a path trailed by UNAIDS in Brazil in debating human rights issues related to HIV and AIDS. Zero Discriminação brought to light huge barriers of access to health

associated to stigma and discrimination. We saw that all levels of the government were aware of it, with a global perspective and not related to one particular political party.”

**Finding 9:** Many activists and organizations have very little structure and capacity to support complex actions and evolve overtime. There is a shared vision among many stakeholders regarding the numerous frailties of Civil Society Organizations working on HIV/AIDS and the challenges in having the government absorb some of the innovative initiatives of the UNJP due to staff turnover (e.g. Transdialogue).

**There are challenges in helping the government take over initiatives from the UNJP, such as in the case of TRANSDIALOGOS.** The project which took place in Rio Grande do Sul in a partnership with the local AIDS Programme aimed at contributing to health professionals’ approach to transgender people. There were limits to access full reports of the implementation, however, the project has not continued. According to one member of the UNJP: “The project fights a cultural issue. It requires more resources so that it remains over time and teachings in each of the interventions create roots within the health professionals’ teams (from the gate keeper to the first receptionist and the medical team)”.

**Finding 10:** The academic partners have played an important role in building capacity among health professionals and students in the country.

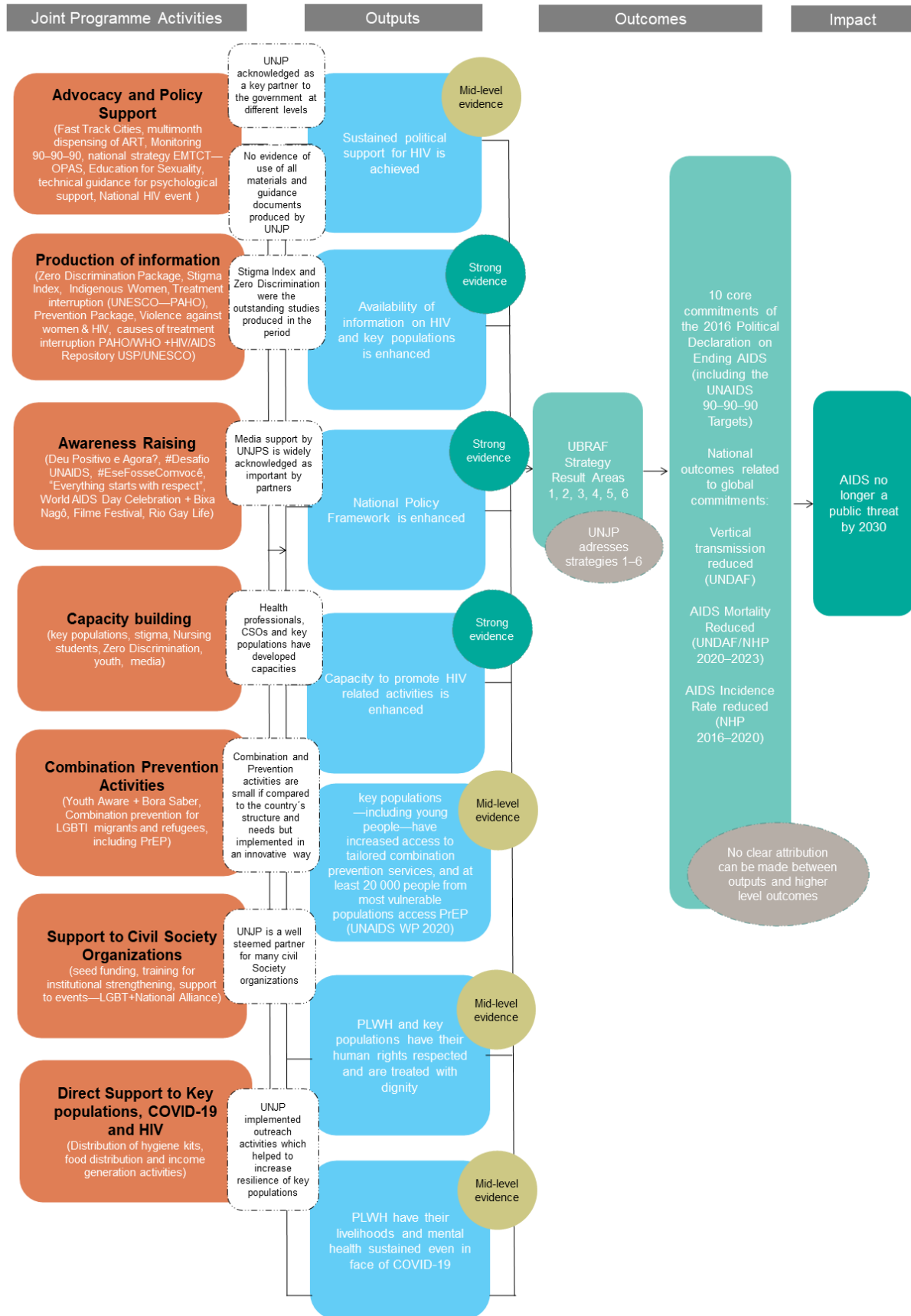
**The UNJP has been able to forge important partnerships with the academia with actions which will stay.** According to one of the stakeholders interviewed: ‘Ours is an institutionalized programme. It will remain. It has been incorporated in the University’s inclusion policies.’

## Analysis of the Theory of Change

A reconstructed Theory of Change was designed during inception phase and was reviewed after data collection. It is presented in this section, as it focuses on analysing the contribution of the UNJP to the achievement of results. Considering the period of the evaluation (2017–2021), the base of the reconstructed Theory of Change is the UNAIDS 2016–2021 Strategy. However, the TOC also acknowledges the new UNAIDS Strategy and its focus on fighting inequality.



Figure 1. Reconstructed Theory of Change after data collection and analysis



The initial Theory of Change was reviewed based on the data collection and is presented with key learning points:

**1. The UNJP is acknowledged as a key partner of the government at different levels.**

The UNJP has a very small budget if compared to the government expenditures on HIV (US\$0.5 million dollars compared to US\$500 million), however, the UNAIDS Secretariat is acknowledged by the national, state and municipal governments as having an important advocacy and convening role in the country. Other UN agencies are also well regarded by municipal governments for their advocacy, capacity building activities and funding. This speaks to the connection between the advocacy and the continuity of public efforts over time as described in the Theory of Change.

**2. Some UNJP knowledge products are reported as being used, but there is limited evidence of the use of many materials and guidance documents produced by the UNJP.**

The UNJP has contributed to the publication of various studies and policy documents (on sexual education, Mother to Child Transmission, gender-based violence, etc.), however, the evaluation did not find clear indications of the use of several policy and research pieces by the government or other actors. This may be due to the limited number of stakeholders consulted; however, this may also indicate a lack of follow-up on policy guidance and research to promote their use.

**3. The Stigma Index and Zero Discrimination research were the most notable studies of the UNJT.**

The Stigma Index was the piece of research which involved the greatest effort within the evaluation period. It is one of the classical products of UNAIDS, involved a nationwide effort, attracted media coverage and was mentioned by various actors. Considering the profile of the epidemic in Brazil, it helped foster dialogue in the country on problems affecting key populations. The Zero Discrimination study also involved consultation with key populations which led to a publication and promoted courses and trainings on the topic. Both initiatives point to the value added of global strategies and products.

**4. Media support by the UNJP is widely acknowledged as important by partners.**

The UNJP has invested in health promotion/communication efforts which are well regarded by various partners—government and Civil Society Organizations. This is another area of value added of the UN system.

**5. The capacities of health professionals, CSOs and key populations have been strengthened.**

There is evidence that the UNJP through its capacity building activities has helped sensitize health professionals of the importance of Zero Discrimination, developed capacities of Civil Society Organizations and strengthened the National Commission of Human Rights to better perform its activities and promote vocational training of key populations.

**6. Combination prevention activities are small if compared to the country's needs but they are implemented in an innovative way.**

The support of the UNJP to combination prevention is small if compared to what the government provides, however, it focuses on youth in hotspots through mobile clinics, involves youth in delivering services and Civil Society Organizations in reaching places where key populations are located. In addition, there is experience (e.g., Transdialogos, Kitchen and Voice), where stigma was addressed, and key populations were involved in an innovative way.

**7. The UNJP is a well-regarded partner for many Civil Society Organizations.**

The UNJP offers support through small grants to Civil Society Organizations and engages them regularly in debates and other types of activities. Many CSOs regard the UN System as an important partner assisting them in their work.

**8. The UNJP implemented outreach activities to increase the resilience of key populations.**

The UNJP has implemented activities during the pandemic with active outreach to key populations at a time of severe economic hardship for them.

At the level of the outputs, the evaluation has found the following:

Table 4. Summary—Analysis of Outputs reached from the Reconstructed Theory of Change

Outputs	Level of Evidence	Supporting Evidence
<b>Sustained political support for HIV is achieved</b>	Medium strength evidence	Statements from partners
<b>Availability of information on HIV and key populations is enhanced</b>	Strong Evidence	Desk Review of Stigma Index and Zero Discrimination and interviews with partners
<b>National Policy Framework is enhanced</b>	Strong evidence	Adoption of 90–90–90 as a national guiding policy and its influence at a municipal level. Adoption of guidance for work with the homeless due to UNAIDS’ assistance
<b>Capacity to promote HIV related activities is enhanced</b>	Strong evidence	Statements from various partners (Government and Civil Society Organizations)
<b>Key populations—including young people—have increased access to tailored combination prevention services, and at least 20,000 people from most vulnerable populations access PrEP</b>	Medium strength evidence	Desk Review Bora Saber and Viva Melhor Savendo Jovem and Projects with Venezuelan migrants added to the interviews with UNJP
<b>PLWH have their livelihoods and mental health sustained even in the face of COVID-19</b>	Medium strength evidence	Interviews with partners (Barong, UNJP, Women’s Network, FGD) and desk review

At the outcome level, the evaluation found that the UNJP addresses UNAIDS Result Areas 1–6 in the UBRAF, with less emphasis given to Result Areas 7) AIDS response is fully funded and efficiently implemented based on reliable strategic information, and 8) People-centred HIV and health services are integrated in the context of stronger systems for health. Given the context of a middle-income country with a relatively well-structured health system, the contribution of the UNJP is less needed in these areas. However, as it has been reported by the Secretariat, a lack of capacity on Strategic Information was identified at a local level and concerning Result Area 8, and this will be further addressed under the Fast-Track Cities initiatives with Monitoring and Evaluation Workshops and funding to CSOs to implement HIV prevention outreach activities in their communities. This might be a theme to be explored in future evaluations of the UNJP in the country.

No direct attribution can be made between outputs and the higher-level outcomes: 10 core commitments of the 2016 Political Declaration on Ending AIDS, Reduction of vertical transmission reduced, AIDS Mortality and AIDS Incidence Rate.

## 8. Lessons Learned

- **There is a need for continuous advocacy through renewal of global commitments.**

The UN agencies have been important partners in the response to HIV in the country at national, state and local levels. However, as government changes, new ties have to be built. Awareness raising activities and political commitment need to meet different generations of politicians and policy makers. There has been effective work in generating awareness around the 90–90–90 targets, but this work has to be continuous and intensified in order to deliver sustained results.

- **Working with partners is key for establishing sustainable capacity building activities.**

The work with partners, notably academia, has proved successful in various ways. A crucial aspect is that the institutions involved already have experience working with HIV and are committed to the issue. They have easily included students and developed trainings, which have potential to stay overtime and promote a cultural change. They are efficient in dealing with capacity building of health professionals and can collaborate on capacity building of civil society as well.

- **Adaptation to external changes is strategic to deliver and sustain results overtime.**

There has been a shift in policy in the country with the change in the national government and the UN system has adapted to the new context, despite complaints from stakeholders, namely the academia and Civil Society Organizations. Nevertheless, the country is reaching its targets of increased combination prevention, HIV testing, ARV treatment and suppressed viral load. The difference is in the communication of those activities, which now have a lower profile and a different approach. UNAIDS Country Office and UNDP are assisting the government in channelling resources to Civil Society Organizations to help them continue their work. Overall, the country is performing well, results are being delivered and the adaptation has been useful to continue the dialogue and sustain the work, despite the shift in terms of communication strategies from the government (much less focus on awareness campaigns).

- **Face to face interaction matters to develop more cohesive working relationships.**

COVID-19 has shown that much more can be done virtually and the adaptation has brought important innovations (online clinics and services, online global trainings, etc.). However, it has also shown that online interaction without face-to-face contact can limit the building of bonds and productive professional relationships. The limited face-to-face and online interaction of the UNJP combined with a high turnover of UNJP members during the pandemic has proved to be detrimental to the cohesion of the group as reported in various interviews of the UNJP members (See finding 3).

## 9. Conclusions

### Relevance and Coherence

**Conclusion 1:** The Secretariat and the UNJP are aligned with the national government's needs and priorities and those of civil society. UNJP has adapted well to the changes in the HIV policy in the country. The well-established dialogue with the national government has helped to continue channelling resources to Civil Society Organizations working with key populations. However, there are concerns about duplication of efforts, alignment of priorities between some of the Cosponsors and government priorities, joining efforts where the epidemic is most severe (in the South) and linking HIV with broader programmes and strategies in health and social protection.

*Based on Findings 1 and 2*

**Conclusion 2:** The UNJP was able to adapt promptly to COVID-19. The UNAIDS Secretariat provided relevant information to the national AIDS department and the UNJP promoted distribution of hygiene kits, food and delivery of ARV treatment and other medicines to populations in need. The UNJP has been responsive to the needs of key populations. Most of the resources of the UNJP are directed to actions involving target groups in which HIV infection rates are highest.

*Based on Findings 3 and 5.*

### Efficiency

**Conclusion 3:** The UNJP is being able to deliver timely but with operational challenges in terms of shortage of human resources directed for HIV, changes on focal points, delays in receiving funds from country envelope, lack of integration and teamwork within the UN agencies of the Joint Programme and lack of information sharing. In addition, the Secretariat is taking the role of implementing activities of the country portfolio, in order to guarantee their accomplishment.

*Based on Finding 4*

**Conclusion 4:** UNJP implement relevant initiatives throughout the country especially with key populations. However, the lack of proper documentation and monitoring and reporting (JPMS is underused) on implementation and results can hamper the mobilisation of human and financial resources and ultimately affect the contribution of the UN in Brazil's HIV response.

*Based on Finding 4.*

### Effectiveness

**Conclusion 5:** The UNJP is innovative in fighting stigma and promoting combination prevention activities. The latter are small if compared with dimensions of the country, nevertheless, they have an important advocacy role, especially for some population groups, and help give visibility to HIV and the prevention agenda.

*Based on Findings 5 and 6*

**Conclusion 6:** The UNJP has produced various policy documents and studies, but in some cases, there is limited evidence of their use. The most relevant research identified was the Stigma Index study, which helped foster debate and engage stakeholders in the country.

Based on Finding 6

**Conclusion 7:** UNAIDS has helped to promote the 90–90–90 targets and increase political support to policies on HIV/AIDS through the Fast-Track Cities Initiative. This work has naturally faded overtime, but still shows the importance of continued political awareness and exchange of experiences among municipalities in the country. More political support is needed to help increase visibility for HIV/AIDS and generate integration of HIV in the broader development agenda.

*Based on Findings 5 and 6.*

## **Sustainability**

**Conclusion 8:** Capacity has been built among Civil Society Organizations and health professionals, the latter in partnerships with academic institutions. UNAIDS is playing an important role in increasing information and training on HIV/AIDS issues. However, there are still many challenges in the capacity of Civil Society Organizations and informal collectives which have little capacity to sustain activities over time. There are also challenges for the government in sustaining HIV initiatives overtime due to staff turnover.

*Based on Findings 7, 8, 9 and 10.*

## 10. Recommendations

N	Type	Recommendation	Recipient	Action points
1	Strategic Based on Conclusion 1	Advocate to include HIV related work in larger UN programmes which address broader, structural development challenges in the country, promoting necessary HIV intersection across UNCT	United Nations Resident Coordinator  UNJT Directors and focal points  UNAIDS Country Office	Engage with heads of agencies in United Nations Country Team and present evidence based UNAIDS work and HIV/AIDS challenges in Brazil, demonstrating how HIV affects equality and results achievement of programs that target key populations (educational programs, poverty, youth and women related).  Reach out for key government institutions which work with vulnerability and key populations (e.g., Ministry of Social Development and Fight against Hunger, National Council of Social Assistance). The Ministry of Social Development has Local Centres for Social Assistance (CRAS) which provide services to the most vulnerable families. Guidance on HIV could be included there and mainstreamed in the system. There are 8.360 CRAS spread throughout the country.
2	Strategic Based on Conclusions 1, 5 and 7	Sustain advocacy on the 95-95-95 targets through a network of municipalities working on HIV	UNAIDS Secretariat  Cosponsors	Engage municipalities and Cosponsors with incentives for both sides: dissemination of funding opportunities from the Cosponsors and presenting the Cosponsors with relevant projects of interest for them.  Promote regular meetings for exchange of experiences among municipalities in a pre-established agenda of interest to them. Use UN communication capacity as an incentive for the engagement of municipalities. UN's presence increase visibility which is important for local governments and authorities.  Involve other actors in the dialogue with the municipalities, creating lively opportunities for interaction and networking.  Encourage the engagement of other secretariats at a municipal level beyond health (e.g., social assistance).
3	Strategic Based on Conclusions 5, 6 and 8	Strengthen and expand partnerships with Academic Institutions and Schools of Public Health in critical areas of the pandemic. Make way to increase effective use of knowledge products from all Cosponsors.	UNAIDS Secretariat  Cosponsors  Academic Institutions  Potential new partners	Share knowledge products of the UNJP with academic partners, encourage their use in courses and inclusion in their repositories and databases  Partner with major health schools in the areas with the highest HIV infection rates to highlight the importance of including HIV in their training (e.g., School of Public Health of the State of Rio Grande do Sul—ESP-RS).  Engage UNJT in relevant MOOC trainings to enhance reach.  Promote exchange of experiences among academic partners to increase collaboration among them and strengthen research in the area  Engage other UNJP agencies in Stigma Index number two to expand reach and use.

4	Strategic and operational Based on conclusions 2 and 3	Foster innovative initiatives to increase testing, prevention and ARV treatment for key populations	UNAIDS Secretariat Cosponsors	Discuss with the Ministry of Health and other partners (Civil Society Organizations and municipalities) lessons learned from the COVID-19 pandemic which can be useful to design innovative ways to promote ARV for key populations (e.g., online clinics, distribution of drugs via mail, apps, outreach activities, 0800 services, etc.).
5	Operational Based on conclusions 2 and 3	Make HIV diagnosis and other HIV work visible in the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V)	UNAIDS Secretariat Cosponsors	As UNJP continues to direct resources to migrant prevention activities in northern Brazil, it should increase protocols for HIV related information to be placed in the common R4V platform.
6	Strategic and operational Based on Conclusions 3 and 4	Increase and promote integration and cohesion among UN agencies of the Joint Programme	Cosponsors Directors and Focal Points UNAIDS Country Office	<p>Promote regular, preferably in person, short, goal oriented scheduled meetings with the Cosponsors focal points.</p> <p>Work on the Country Envelope in order to plan and deliver it together, not segmented actions. This exercise should also include the rationale of chosen activities, so that relevant results are targeted, and efforts fit national needs and global frameworks in an articulated manner through the logic of a Theory of Change.</p> <p>Invite Heads of Agencies to take part in UNJT meetings and high-level HIV related events. Heads of Agencies can present current programs and projects where HIV can be included as a cross cutting theme.</p> <p>Jointly implement a project and focus resources in an area with high potential of impact (e.g., a Fast Track city in epidemic South of the country).</p> <p>Due to the changes in focal points and consultants, provide HIV capacity building and short trainings, so that newcomers understand it as a cross cutting intersectional theme.</p> <p>Ensure UN agencies report, in a structured manner, all HIV related work, not restricted only to country envelope.</p> <p>Ensure Cosponsors receive credit for their contribution in UNJP work. Publications and documents must mention all those who took part in elaboration, guaranteeing recognition and partnership.</p> <p>Improve monitoring work with systematic data on project implementation being updated by the Secretariat and Cosponsors.</p> <p>Promote sharing of experiences within UNJT, beyond mere reporting, focusing on lessons learned.</p> <p>Consider support for implementing MTCT guidelines in the southern part of Brazil, where transmission is more severe.</p>

7	Strategic and operational Based on Conclusions 2 and 3	Create synergies in joint operations with different partners	Cosponsors UNAIDS Secretariat	<p>UNAIDS Office should share operational responsibilities with Cosponsors as a way of not overburdening the small team. Improved and consistent monitoring tools (mentioned in Recommendation 4) would help in jointly executing processes.</p> <p>Improve monitoring of the UNJP to increase delegation of responsibilities. The Secretariat should act more as a master of orchestra than as a musician.</p>
8	Strategic Based on conclusions 7 and 8	Connect Civil Society Organizations and all spheres of government in common themes of interest and most of all in relation to key populations	UNAIDS Secretariat Cosponsors	<p>Help strengthen the dialogue and collaboration among various partners through the promotion of meetings among them in common areas of interest and regions of the country.</p> <p>Use joint meetings of various partners and social media resources to disseminate information on grants and opportunities</p> <p>Help connect youth and the informal collectives with more mature HIV related organization.</p> <p>Continue and increase capacity building trainings in different matters (projects, grants, M&amp;E), to Civil Society Organizations and collectives. This is especially relevant when considering key population such as drug users, people living in streets and other groups not included in structured organizations.</p> <p>Promote ways of diversifying CSO beneficiaries of funds, including new organizations and not only ones working with HIV. Diversify the beneficiaries of UN funds.</p>



## Appendix A: Evaluation Matrix

Overarching evaluation questions	OECD/DAC criteria	Specific Evaluation Questions	Dimension of Equity, Human Rights and Gender	Possible indicators	Source of Information	Data Collection Tools
<b>Right things?</b>	<b>1. Relevance and Coherence</b>	1.1. To what extent are the interventions by the Joint Programme on HIV aligned with and complementing those of a) the government and b) other development partners (including civil society)?	Is the joint programme taking into account in its design and interventions the key populations most affected by HIV, considering differences of economic status, gender, race, ethnicity and location?	Extent of alignment and complementation between JP interventions and the ones conducted by the government 1.1.2. Extent of alignment and complementation between JP interventions and the ones of other development partners and civil society organizations	Joint Programme Team Government officers National Health Plan UNAIDS Strategy Annual Workplans	Semi-structured Interviews Desk Review
		1.2. How responsive and strategic is the Joint Programme on HIV in supporting the national HIV response, including in the context of COVID-19?		1.2.1. Strategic positioning of the JP in relation to the national response. 1.2.2. Degree of support to the national HIV response in the context of COVID-19.	Joint Program Team Government officers Other partners UNAIDS workplan National and Subnational government officers Local policies	Semi-structured Interviews Desk Review
		1.3. To what extent has the Joint Programme on HIV ensured greater and more meaningful involvement of key and priority populations?		1.3.1. Extent of involvement of key and priority populations in UNJP initiatives. 1.3.2. Alignment of UNJP with the needs of key populations as reported by them.	Joint Program Team Government officers CSO partners UNAIDS workplan	Semi-structured Interviews Desk Review FGD
<b>Right ways?</b>	<b>2. Efficiency</b>	2.1. How efficient has the allocation, utilisation and leveraging of the UN Joint Programme resources been in terms of processes and human resources?	Have resources been prioritized for the populations in greatest need?	2.1.1. Expenditure rate of UNJP 2.1.2. Availability of human resources in relation to demands of JP 2.1.3. Adequacy of coordination mechanisms of UNJP 2.1.4. Proportion of resources directed to key populations	Workplan UNJP UNJP Staff GoB officers	Desk Review Semi-structured Interviews
		2.2. How has the Joint Programme on HIV performed in terms of implementing, monitoring and reporting joint workplans [as part of the	How results have been for women and key populations?	2.2.1. Availability of monitoring data on JP 2.2.2. Availability of clear targets for vulnerable women, key populations and promotion of human rights	UBRAF reports	Desk Review

		Unified Budget, Results and Accountability Framework]?		2.2.3. Level of adjustment between the JP and UBRAF's expected results		
<b>Right Results?</b>	<b>3. Effectiveness and impact</b>  <b>Results at Outcome level (see Theory of Change)</b>	3.1. To what extent has the Joint Programme on HIV contributed to help the country better perform against the UN Global 90-90-90 targets?	And more specifically for key populations, women, indigenous and migrants?	3.1.1. Percentage of key population living with HIV that know their status (with data on key populations whenever available) 3.1.2. Level of contribution of JP to increased testing in the country 3.1.3. Level of contribution of JP to increased ART in the country 3.1.4 Coefficient of AIDS Mortality (UNDAF), (with data on key populations whenever available)	National Surveillance Systems (SINAM/SICLOM/SISCEL)  GoB officers Other partners	Desk Review  Semi-structured interviews
		3.2. To what extent has the Joint Programme on HIV contributed to increase ART treatment for pregnant women with HIV?		3.2.1. Percentage of pregnant women with HIV who receive antiretroviral treatment to reduce vertical transmission. (UNDAF)	National Surveillance Systems (SINAM/SICLOM/SISCEL)  GoB officers Other partners	Desk Review  Semi-structured interviews
		3.2. To what extent has the Joint Programme on HIV contributed to improving prevention strategies tailored to key populations and priority populations in Brazil?		3.2.1. Evidence of JP contribution in prevention	Sinam  GoB officers Other partners and CSO interviewees	Desk Review  Semi-structured interviews
	<b>4. Sustainability</b>	4.1. To what extent has the Joint Programme on HIV built national and local capacities on prevention and treatment to ensure long-term results?	And more specifically for key populations and women through community led programmes	4.1.2. Reported use of new skills by beneficiaries of overall capacity building activities, taking into account key populations and community led programmes.	GoB officers UNJP staff Civil Society Organizations	Semi-structured Interviews FGD
		4.2. To what extent has the Joint Programme on HIV contributed to leveraging/sustaining political commitment for the national HIV response?		4.2.1. Stability of HIV related policies despite changes in national and local governments, considering specific initiatives for key populations.	UNJP staff  GoB officers Other partners	Desk Review

## Appendix B: References

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### List of internal documents reviewed:

2018 Workplan (list of activities and budget regarding events)

2019 Country Envelope – Proposed Budget by Cosponsor

2019 Fast Track Cities Seminar Proposal

2019 Fast Track Cities Seminar Report

2020 Country Envelopes / Business Unusual Funds, incl. COVID—Report on the implementation

2020-2021 Activity Workplan and Budget

2020-2021 workplanning: achieving results for people at country level

2021 Country Envelope – Business Unusual Funds Proposal and presentation

2021 Joint Plan on HIV UNAIDS Country Envelope-Business Unusual Funds BRAZIL

Análise Avaliabilidade—Avaliação do Marco de Parceria para o

Cooperation Agreement UNAIDS-USP documents 2019

Country Approval of Joint UN Plan on AIDS 2021

Country Capacity Assessment Joint UN Team on Aids composition and available resources 2018-2019

Country Envelope Monitoring 2018

Country envelope\_ Reprogramming final. Brazil 2020

Desenvolvimento Sustentável das Nações Unidas

Documents related to event “Pessoas vivendo com HIV e vacina para Covid” (Conceptual note and Seminar Poster) 2021

Documents related to Seminar “Zero discriminação nos serviços de saúde” (report and list of participants) 2018

Documents related to Stigma Index Project (TOR, Budget, Project Scope and Plan) 2018

Documents with populational and HIV related data from Fast Track Cities which signed Paris Declaration (2019)

Email interno ajustes UN-UN Agreement PNUD-UNAIDS Abril/2021

Expenditures May 2019

Expenditures Report 2017 (travel, purchase orders and others)

Fast Track Cities Mayors contact list and partnering International Organizations (2019)

Financial Information – Project View 2019 PrintScreen

Guide Menu of Actions for RMR

Joint Plan Summary—Country Envelope 2018

Joint Plan Summary—Country Envelope 2019

Joint Plan Summary—Country Envelope 2020

Joint Plan Summary—Country Envelope 2021

Joint Team Meeting Minutes (3)

Joint UN Plan on AIDS 2018-2019

List of cities, capital cities, states that signed Paris Declaration (2019)

MOOC HIV/AIDS—Zero Discriminação (summary of proposed actions and course structure) 2021

Multidimensional Risk Analysis Methodology 2021

Multidimensional Risk Analysis Survey Template 2021

One page summary guiding questions 2021  
para o Brasil (2021)

Plano de Trabalho Joint Team

Project Proporsal 2021 (Declaração de Paris: avanços, desafios e entraves nas respostas ao HIV em 15 cidades brasileiras)

Regional Monthly Reviews Risk Framework (2021)

Resumo Joint Plan 2021

Short summary of Cozinha e Voz project 2021

Signatures Document 2021

UN to UN Agreement Partner CSO list (no date)

UN to UN Contribution Agreement – April 2021/ Jun 30, 2022

Webinar Conceptual Note and Proposed Actions (Enfrentamento do Preconceito, Estigma e Discriminação e Estratégia da Prevenção Combinada do HIV em Roraima) 2021

Workplan 01-14-2019 – Orçamento

Workplan Dashboard (summarizes all expenses made by UCO-BRA in 2019)

Workplan Dashboard (summarizes all expenses made by UCO-BRA in 2019) Jan-Jul

Adicionados em outubro 2021

FICHA TÉCNICA DO RELATÓRIO FINAL DA CAMPANHA VOLUNTARIADO PELAS AMÉRICAS (VpA)  
COVID-19 E HIV Realização Campanha VOLUNTARIADO PELAS AMÉRICAS COVID-19 e HIV—MNCP  
Brasil Idealização Jacqueline Rocha Côrtes Silvia Aloia

Youth aware UNICEF BRAZIL  
UBRAF final Report SC200196  
JAN2020-AUGUST 2021  
Prepared June 2021

## Appendix C: List of Interviewees

N	Organization	Category	Name	Title
1	Ministry of Health— AIDS Department	Government	Gerson Fernandes Pereira	Director (Department of Sexually Transmittable Diseases)
2	Ministry of Health— AIDS Department	Government	Juliana Givisiez	Advisers DCCI—International Office
3	Ministry of Health— AIDS Department	Government	Clarissa Habckost	Advisers DCCI—International Office
4	CNDH—National Human Rights Committee	Government	Yuri Couto	President of the National Committee
5	Gestos	Civil Society	Alessandra Nilo	General Coordinator
6	National Movement 'Cidadas Positivas'	Civil Society	Silvia Aloia	Executive Secretary— National Movement of Positive Citizen Women
7	BARONG	Civil Society	Marta McBritton	Deputy
8	RNAJVHA (National Network of Teens and Youth Living with HIV and AIDS)	Civil Society	João Cavalcante	Deputy—Rede adolescentes e jovens
9	RNAJVHA (National Network of Teens and Youth Living with HIV and AIDS)	Civil Society	Leonardo Moura	Deputy—Rede adolescentes e jovens
10	National Movement 'Cidadas Positivas'	Civil Society	Fabiana Cristina De Olveira	
11	National Movement 'Cidadas Positivas'	Civil Society	Jenice Pizão	
12	Independent Consultant	Civil Society	Javier Anganoa	Consultant to Evaluate UNICEF VMS Jovem Project
13	UNAIDS BR TEAM	UNAIDS Secretariat	Claudia Velasquez	Director
14	UNAIDS BR TEAM	UNAIDS Secretariat	Ariadne Ferreira	Community Support Adviser
15	UNAIDS BR TEAM	UNAIDS Secretariat	Daniele Dantas	Administrative
16	UNAIDS BR TEAM	UNAIDS Secretariat	Daniel de Castro	Former staff
17	UNAIDS BR TEAM	UNAIDS Secretariat	Cleiton Lima	Former staff
18	Joint Team UNESCO	Cosponsors	Mariana Souza	
19	Joint Team IOM	Cosponsors	Jennifer Alvarez	
20	Joint Team IOM	Cosponsors	Onaygles Hernadez	
21	Joint Team IOM	Cosponsors	Luis Minchola	
22	Join Team UNICEF	Cosponsors	Cristina Albuquerque	
23	Join Team UNICEF	Cosponsors	João Hernane	

24	JOINT TEAM ILO	Cosponsors	Thais Faria	
25	JOINT TEAM UNDP	Cosponsors	Cristiano Prado	
26	JOINT TEAM UNDP	Cosponsors	Joaquim Fernandes	Former Staff
27	Center for Disease Control and Prevention—Global AIDS Program	Other Partner	Fabio O'Brien	Country Deputy Director for Programs
28	Pan American Health Organization—PAHO	Cosponsors	Akemi Kamimura	
29	Pan American Health Organization—PAHO	Cosponsors	Miguel Angel Aragón López	
30	Pan American Health Organization—PAHO	Cosponsors	Marcelo Araujo Freitas	
31	JOINT TEAM UNHCR	Cosponsors	Pablo Mattos	
32	Joint Team UNODC	Cosponsors	Nara de Araujo	
33	UN Resident Coordinator	Cosponsors	Silvia Rucks	
34	PUC RS	Academia	Angelo Brandelli Costa	
35	USP	Academia	Ana Paula Morais Fernandes	
36	UFRGS	Academia	Daniel Canavese	
37	SP City Health Department Representant	GOB	Cristina Abbatte	Aids Programme
38	SP City Health Department Representant	GOB	Adriano Queiroz	Aids Programme
39	SP City Health Department Representant	GOB	Pedro	Aids Programme
40	RS State Health Department Representant	GOB	Ana Lucia Pecis Baggio	Aids Programme
41	Fortaleza City Health Department Representant	GOB	Marcos Cavalcante Paiva	Aids Programme
42	Manaus City Health Department Representant	GOB	Rita de Castro de Jesus	Aids Programme
43	Porto Alegre Health Department Representant	GOB	Daila Alena Raenck da Silva	Aids Programme



## Appendix D: Data Collection Tools

Before each interview, the evaluation team will review activities of the Theory of Change and the links they have with outputs and outcomes and further explore them in the course of the dialogue, adapting the issues raised according to interviewee approached. At the beginning of each interview, the respondent will be asked to briefly describe their engagement with the Joint Program.

### Interview Guide for Government Officials and other partners

#### 1. Relevance

1.1. To what extent do you find the Joint Programme on HIV responds to:

- The country's needs?
- National, state and municipal priorities and actions?

1.2. Do you think the interventions of the Joint Programme complement what you do? Please, provide examples of why so and why not.

1.3. Do you think the UNJP is well positioned in the work it does (politically and thematically)?

1.4. In relation to the COVID-19, are you aware of the work of the UNJP? If so, how do you assess it? (In terms of relevance, extent and results whenever possible).

1.5. Are you aware of the participation of key populations in the UNJP? How do you assess the dialogue between UNJP and key populations?

#### 2. Coherence and Efficiency

2.1 How do you assess the work of the UNJP in terms of its capacity to deliver? Please, take into account procedures used that you take part in, coordination efforts, timing and sufficiency and quality of human resources.

#### 3. Effectiveness and impact

3.1. How do you assess the contribution of the UNJP in increasing the number of people living with HIV who know their status in the country? Please, give concrete examples and consider this contribution to overall and key populations.

3.2. How do you assess the contribution of the UNJP in promoting ART (more generally, for key populations, including indigenous and migrants and pregnant women)?

3.3. How do you assess the contribution of the UNJP in promoting and improving prevention strategies for key populations in the country (including indigenous and migrants)?

#### 4. Sustainability

4.1. Have you supported or participated in any training, awareness raising event promoted by the UNJP? How do you assess its quality and skills gained? Do you have any concrete examples of how this new knowledge was used by you or other people/institutions you know?

4.2. Do you see any contributions of the UNJP in helping to keep HIV in the national agenda and maintain policy consistency (stability) overtime?

#### 5. Additional questions

5.1. What are the lessons learned you identify in your relationship with the UNJP?

5.2. Can you think of any intended results of the programme that were not initially anticipated (both positive and negative)?

5.3. What are your suggestions for the future of the UNJP to increase its relevance and contribution?

## Interview guide for UN Staff

### 1. Relevance

1.1. How do you assess the alignment and complementarity of the UNJP with:

- The priorities and policies of the government?
- The work of other development partners (international, civil society organizations)?

*Please, provide concrete examples.*

1.2. How were key populations considered in the process of design and implementation of the UNJP? What are the targets related to them?

1.3. How do you assess the strategic positioning of the UNJP in the country (the institutional relations, credibility and role)?

1.4. What were the key activities promoted due to COVID-19? How do you assess it? (in terms of design and results)

### 2. Coherence and Efficiency

2.1. What is working well and what are the major challenges around the following items of the operation of the UNJP:

- Operational procedures
- Quantity and qualification of human resources
- Coordination of the UNJP
- Monitoring
- Reporting procedures

### 3. Effectiveness and impact

3.1. How do you assess the contribution of the UNJP in increasing the number of people living with HIV who know their status in the country? Please, give concrete examples and consider this contribution to overall and key populations.

3.2. How do you assess the contribution of the UNJP in promoting ART (more generally, for key populations and pregnant women with HIV)?

3.3. How do you assess the contribution of the UNJP in promoting and improving prevention strategies for key populations in the country?

### 4. Sustainability

4.1. Can you provide us with concrete examples of skills gained/awareness raised and used by UNJP partners due to the participation in UNJP training activities? Please, consider changes in policies, activities etc. and also impact in community led programmes.

4.2. What were the main influences/entry points of the UNJP in the government? Where there any changes in policy/direction that might have had the influence of the UNJP?

4.3. Do you see any contributions of the UNJP in helping to keep HIV in the national agenda and maintain policy consistency/stability overtime?

### 5. Additional questions

5.1. What are the major lessons learned within the Implementation of the UNJP?

5.2. Can you think of any unintended results of the programme (both positive and negative)?

5.3. What are your suggestions for the future of the UNJP?

5.4. What, in your opinion were and are the greatest challenges of the Joint Programme?

5.4. What, in your opinion, were and are the biggest contributions of the Joint Programme?

## Interview Guide for Civil Society Organizations

### 1. Relevance

1.1. To what extent do you find the Joint Programme on HIV responds to:

- Your organizational needs?
- The country's needs?
- National, state and municipal priorities and actions that you may be aware of?

1.2. Do you think the interventions of the Joint Programme complement what you do?

*Please, provide examples of why so and why not.*

1.3. Do you think the UNJP is well positioned in the work it does (politically and thematically)?

1.4. In relation to the COVID-19, are you aware of the work of the UNJP? If so, how do you assess it? (in terms of relevance, extent and results whenever possible).

1.5. How do you assess the dialogue between UNJP and key populations?

### 2. Coherence and Efficiency

2.1. How do you assess the work of the UNJP in terms of its capacity to deliver? Please, take into account procedures used that you take part in, coordination efforts, timing and sufficiency and quality of human resources.

### 3. Effectiveness and impact

3.1. How do you assess the contribution of the UNJP in increasing the number of people living with HIV who know their status in the country? Please, give concrete examples. What has been your experience with the UNJP in this regard?

3.2. How do you assess the contribution of the UNJP in promoting ART? What has been your experience with the UNJP in this regard?

3.3. How do you assess the contribution of the UNJP in promoting and improving prevention strategies? What has been your experience with the UNJP in this regard?

### 4. Sustainability

4.1. Have you supported or participated in any training, awareness raising event promoted by the UNJP? How do you assess its quality and skills gained? Do you have any concrete examples of how this new knowledge was used by you or other people/institutions you know.

4.2. Do you see any contributions of the UNJP in helping to keep HIV in the national agenda and maintain policy consistency overtime?

### 5. Additional questions

5.1. What are the lessons learned you identify in your relationship with the UNJP?

5.2. Can you think of any intended results of the programme that were not initially anticipated (both positive and negative)?

5.3. What are your suggestions for the future of the UNJP to increase its relevance and contribution?

## Guide for Focus Group Discussions

(Youth, Interviewees from Civil Society Organizations, Course Participants)

- Briefing about the evaluation and ethical principles which guide the exercise
- Round of introduction from participants
- Key questions to be debated among participants:
  - What has been your engagement in the UN Joint Program Activity (Awareness raising, training, funding etc)?
  - What is your evaluation of your experience in the programme? What worked really well and what do you think could improve?
  - What have you learned that you are taking forward to your life? What were the major consequences of your participation in the programme?
  - What would you suggest for improvement of the programme in the future?



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